

**Fort Wayne Medical Society
2012 Pictorial Directory
Order Form**

	<u>Price per Directory</u>	<u>Quantity</u>	<u>Sub-total</u>
FWMS Members	\$25.00 each	_____	\$ _____
12 th District Members	\$25.00 each	_____	\$ _____
Hospitals	\$25.00 each	_____	\$ _____
Other than above	\$35.00 each	_____	\$ _____

_____ Call us when the Directories are in and we will pickup our order
Name & Phone# _____

_____ **Shipping & Handling**

_____	1-2 Directories	\$ 5.00	
_____	3-15 Directories	\$11.00	
_____	16-30 Directories	\$22.00	
_____	31-45 Directories	\$33.00	\$ _____

Sub-Total \$ _____

7% Sales tax on sub-total \$ _____

(Tax is charged on shipping & handling as required by law)

Total Enclosed \$ _____

Call 420-1011 if you have any questions regarding your order.

Company Name: _____

Attention: _____

Address: _____

State: _____ **Zip:** _____ **Phone:** _____ **Fax:** _____

**Mail Order Form and Payment to:
Fort Wayne Medical Society-Directory Orders
709 Clay Street Ste 300 Fort Wayne IN 46802**